

Chain of Custody Record

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STL®

Severn Trent Laboratories, Inc.

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STL-4124 (0901)

Client Weston Solutions		Project Manager Dan Gaughan		Date 9/11/08	Chain of Custody Number 275151
Address 205 Campus Dr.		Telephone Number (Area Code)/Fax Number 732-417-5869 / 732-417-5801		Lab Number	Page 1 of 1

City Edison	State NJ	Zip Code 08837	Site Contact Dan Gaughan	Lab Contact	Analysis (Attach list if more space is needed)	Special Instructions/ Conditions of Receipt
Project Name and Location (State) Raritan Bay Slag Site			Carrier/Waybill Number Hand Delivered.			

Contract/Purchase Order/Quote No.			Matrix				Containers & Preservatives							Metal Spec	Special Instructions/Conditions of Receipt																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Sample I.D. No. and Description (Containers for each sample may be combined on one line)	Date	Time	Air	Aqueous	Sed.	Soil	Unpres.	H2SO4	HNO3	HCl	NaOH	ZnAc/ NaOH	ICc																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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Possible Hazard Identification <input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown			Sample Disposal <input type="checkbox"/> Return To Client <input type="checkbox"/> Disposal By Lab <input type="checkbox"/> Archive For _____ Months			(A fee may be assessed if samples are retained longer than 1 month)					
Turn Around Time Required <input type="checkbox"/> 24 Hours <input type="checkbox"/> 48 Hours <input type="checkbox"/> 7 Days <input type="checkbox"/> 14 Days <input type="checkbox"/> 21 Days <input type="checkbox"/> Other _____			QC Requirements (Specify)								
1. Relinquished By Dan R		Date 9/11/08		Time 1600		1. Received By SCR		Date 9/11/08		Time 1600	
2. Relinquished By JS - TR		Date 9/11/08		Time 1633		2. Received By SV Jones		Date 9/11/08		Time 1633	
3. Relinquished By		Date		Time		3. Received By		Date		Time	

Comments